

STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT
MEDICAL ASSISTANCE PROGRAM
STATE ARKANSAS

ATTACHMENT 3.1-A
Page 1yyyyy

AMOUNT, DURATION AND SCOPE OF
SERVICES PROVIDED

Revised: September 1, 2000

CATEGORICALLY NEEDY

4b. Early and Periodic Screening and Diagnosis of Individuals Under 21 Years of Age, and Treatment of Conditions Found. (Continued)

21. Other Licensed Practitioners (Continued)

3. Licensed Marriage and Family Therapist (LMFT)

- a. Services are limited to Medicaid eligible recipients under age 21 in the Child Health Services (EPSDT) Program.
- b. Services must be provided by a licensed marriage and family therapist (LMFT) who must possess a Master's degree in mental health counseling from an accredited college or university. The LMFT must be licensed as a Licensed Marriage and Family Therapist and in good standing with the Arkansas Board of Examiners in Counseling.
- c. A referral must be made by a Medicaid enrolled physician documenting services are medically necessary. Covered outpatient LMFT services are:
 1. Diagnosis
 2. Interpretation of Diagnosis
 3. Crisis Management Visit
 4. Individual Outpatient - Therapy Session
 5. Marital/Family Therapy
 6. Individual Outpatient - Collateral Services
 7. Group Outpatient - Group Therapy

22. Medical Supplies

1. MIC-KEY Skin Level Gastrostomy Tube and Supplies

Effective for dates of service on or after September 1, 2000 MIC-KEY Skin Level Gastrostomy Tube and Supplies are covered for Medicaid eligible recipients under age 21. Services require prior authorization. The MIC-KEY kit is limited to two (2) per State Fiscal Year. Benefit extensions will be considered on a case by case basis based on medical necessity.

Arkansas	
STATE	
DATE REC'D	06-23-00
DATE APP'D	08-31-00
DATE EFF	09-01-00
HCFA 179	00-12
A	

SUPERSEDES: TN - 00-06

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4.c. Family Planning Services

- (1) Comprehensive family planning services are limited to an original examination and up to three follow-up visits annually. This limit is based on the state fiscal year - July 1 through June 30.

STATE	<i>Arkansas</i>	A
DATE REC'D	<i>05-14-97</i>	
DATE APPV'D	<i>05-23-97</i>	
DATE EIT	<i>07-01-97</i>	
HCFA 179	<i>97-04</i>	

SUPERSEDED BY *86-26*

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CATEGORICALLY NEEDY

5. a. Physicians' services, whether furnished in the office, the patient's home, a hospital, a skilled nursing facility, or elsewhere

- (1) Physicians' services in a physician's office, patient's home or nursing home are limited to twelve (12) visits per State Fiscal Year (July 1 through June 30) for recipients age 21 and older.

The benefit limit will be considered in conjunction with the benefit limit established for rural health clinic services, medical services furnished by a dentist, office medical services furnished by an optometrist and **certified nurse midwife services**. Recipients will be allowed twelve (12) visits per State Fiscal Year for physicians' services, medical services provided by a dentist, rural health clinic services, office medical services furnished by an optometrist, **certified nurse midwife services** or a combination of the **five**. For physicians' services, medical services provided by a dentist, office medical services furnished by an optometrist, **certified nurse midwife services** or rural health clinic core services beyond the 12 visit limit, extensions will be provided if medically necessary. Recipients under age 21 in the Child Health Services (EPSDT) Program are not benefit limited.

- (2) Each attending physician/dentist is limited to billing one day of care for inpatient hospital covered days regardless of the number of hospital visits rendered.
- (3) Surgical procedures which are generally considered to be elective require prior authorization from the Utilization Review Section.
- (4) Desensitization injections - Refer to Attachment 3.1-A, Item 4.b. (12).
- (5) Organ transplants are covered as described in Attachment 3.1-E.

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DATE REC'D <u>10-26-99</u>	
DATE APPV'D <u>10-29-99</u>	
DATE EFF <u>12-1-99</u>	
HCFA 179 <u>98-20</u>	

SUPERSEDES: TN. 98-09

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November 1, 1993

CATEGORICALLY NEEDY

- 5.a. Physicians' services, whether furnished in a physician's office, patient's home, a hospital, a nursing facility or elsewhere.

The extension of benefits described in Attachment 3.1-A, Page 2b, Item 5.a.(1) will be handled in the following manner:

The following diagnoses are considered to be categorically medically necessary and do not require prior authorization for medical necessity: Malignant neoplasm (code range 140.0 through 208.91); HIV infection (code range 042.0 through 044.9) and renal failure (code range 584.5 through 586). All other diagnoses are subject to prior authorization before benefits can be extended.

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DATE REC'D <u>SEP 09 1993</u>	
DATE APP'D <u>OCT 14 1993</u>	
DATE EFF <u>NOV 01 1993</u>	
HCFA 19 <u>93-29</u>	

Supersedes - more New - Page

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CATEGORICALLY NEEDY

5. a. Physicians' Services (Continued)

- (6) Consultations are limited to two (2) per recipient per year in a physician's office, patient's home, hospital or nursing home. This yearly limit is based on the State Fiscal Year (July 1 through June 30). This limit is in addition to the yearly limit described in Item 5.(1). Extensions of the benefit limit will be provided if medically necessary for recipients in the Child Health Services (EPSDT) Program.
- (7) Effective for dates of service on or after September 15, 1995, interactive consultations (telemedicine) are limited to two (2) per recipient. This yearly limit is based on the State Fiscal Year (July 1 through June 30). Extensions of the benefit limit will be considered for eligible recipients of all ages.
- (8) Abortions are covered when the life of the mother would be endangered if the fetus were carried to term or for victims of rape or incest. The circumstances must be certified in writing by the woman's attending physician. Prior authorization is required.

5. b. Medical and surgical services furnished by a dentist (in accordance with Section 1905 (a)(5)(B) of the Act).

Medical services furnished by a dentist are limited to twelve (12) visits per State Fiscal Year (July 1 through June 30) for recipients age 21 and older.

The benefit limit will be considered in conjunction with the benefit limit established for physicians' services, rural health clinic services, office medical services furnished by an optometrist and **certified nurse midwife services**. Recipients will be allowed twelve (12) visits per State Fiscal Year for medical services furnished by a dentist, physicians' services, rural health clinic services, office medical services furnished by an optometrist, **certified nurse midwife services** or a combination of the five. For physicians' services, medical services provided by a dentist, office medical services furnished by an optometrist, **certified nurse midwife services** or rural health clinic core services beyond the 12 visit limit, extensions will be provided if medically necessary. Recipients under age 21 in the Child Health Services (EPSDT) Program are not benefit limited.

Surgical services furnished by a dentist are not benefit limited.

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DATE APPL'D <u>10-29-99</u>	
DATE <u>12-1-99</u>	
HCFA 174 <u>98-20</u>	

SUPERSEDES: TN - 98-09

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CATEGORICALLY NEEDY

6. Medical care and any other type of remedial care recognized under State law, furnished by licensed practitioners within the scope of their practice as defined by State law.

a. **Podiatrists' Services**

Services are limited to two (2) visits per State Fiscal Year (July 1 through June 30). The benefit limit for State Fiscal Year 1992 will be calculated beginning with services provided on or after December 1, 1991. Recipients in the Child Health Services (EPSDT) Program are not benefit limited.

b. **Optometrists' Services**

Examination of eyes and provision of glasses and/or contact lens and other diagnostic screening, preventive and rehabilitative services and treatment of conditions found for eligible persons. The following limits are imposed:

- (1) One eye exam every twelve (12) months for eligible recipients 21 years of age and older.

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DATE REC'D <u>DEC 30 1991</u>	
DATE APP'D <u>NOV 09 1993</u>	
DATE <u>DEC 01 1991</u>	
HCH 177 <u>91-59</u>	

Superseded: TN 91-28

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6. Medical care and any other type of remedial care recognized under State law, furnished by licensed practitioners within the scope of their practice as defined by State law. (Continued)

b. Optometrists' Services (Continued)

- (2) One eye exam every twelve (12) months for eligible recipients under 21 years of age in the Child Health Services (EPSDT) Program. Extensions of the benefit limit will be provided if medically necessary for recipients in the Child Health Services (EPSDT) Program.
- (3) Office medical services provided by an optometrist are limited to twelve (12) visits per State Fiscal Year (July 1 through June 30). The benefit limit will be in conjunction with the benefit limit established for physicians' services, medical services furnished by a dentist, rural health clinic services and **certified nurse midwife services**. Recipients will be allowed twelve (12) visits per State Fiscal Year for office medical services furnished by an optometrist, medical services furnished by a dentist, physicians' services, rural health clinic services, **certified nurse midwife services** or a combination of the **five**. For physicians' services, office medical services furnished by an optometrist, medical services furnished by a dentist, **certified nurse midwife services** or rural health clinic core services beyond the twelve (12) visit limit, extensions will be provided if medically necessary. Recipients in the Child Health Services (EPSDT) Program are not benefit limited.

c. Chiropractors' Services

- (1) Services are limited to licensed chiropractors meeting minimum standards promulgated by the Secretary of HHS under Title XVIII.
- (2) Services are limited to treatment by means of manual manipulation of the spine which the chiropractor is legally authorized by the State to perform.
- (3) Effective for dates of service on or after July 1, 1996, chiropractic services will be limited to twelve (12) visits per State Fiscal Year (July 1 through June 30) for eligible Medicaid recipients age 21 and older. Services provided to recipients under age 21 in the Child Health Services (EPSDT) Program are not benefit limited. Chiropractic services require a referral by the recipient's primary care physician (PCP).

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DATE APP'D <u>10-29-99</u>	
DATE EFF <u>12-1-99</u>	
HCFA 179 <u>98-20</u>	

SUPERSEDES: TN - 98-09

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6. Medical care and any other type of remedial care recognized under State law, furnished by licensed practitioners within the scope of their practice and defined by State law. (Continued)

6.d. Other Practitioners' Services

(1) Hearing Aid Dealers

Refer to Attachment 3.1-A, Item 4.b. (8).

(2) Audiologists

Refer to Attachment 3.1-A, Item 4.b. (9).

(3) Optical Labs

Provides eyeglasses and eyeglass repair to eligible recipients.

(4) Nurse Anesthetists

Services limited to licensed nurse anesthetists.

STATE	ARKANSAS	A
DATE REC'D	JUL 07 1991	
DATE APP'D	NOV 14 1991	
DATE EFF	JUL 07 1991	
HQTA 19	91-28	

Supersedes: 9048

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Revised: September 1, 1992

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6. Medical care and any other type of remedial care recognized under State law, furnished by licensed practitioners within the scope of their practice as defined by State law. (Continued)

6.d. Other Practitioners' Services (Continued)

(5) Psychologists

Refer to Attachment 3.1-A, Item 4.b. (13).

(6) Obstetric - Gynecologic Nurse Practitioner

Refer to Attachment 3.1-A, Item 24 for coverage limitations.

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DATE REC'D	SEP 08 1992	
DATE APPV'D	JUL 28 1993	
DATE EFF	SEP 01 1992	
HCFA 179	<i>92-27</i>	

Supersedes - TN 91-59

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Revised: August 1, 1994

CATEGORICALLY NEEDY

- 7.a. Home Health Services
- 7.b. Based on a physician's prescription as to medical necessity provided to eligible recipients at their place of residence not to include institutions required to provide these services. For services above 50 visits per recipient per State Fiscal Year, the provider must request an extension. Extension of the benefit limit will be provided for all recipients, including EPSDT, if determined medically necessary.
- 7.c. Medical supplies, equipment, and appliances suitable for use in the home.
- (1) Home health supplies are limited to a maximum reimbursement of \$250.00 per month, per recipient. As medical supplies are also provided to recipients in the Prosthetics Program, the maximum reimbursement of \$250.00 per month may be provided through the Home Health Program, the Prosthetics Program or a combination of the two. However, a recipient may not receive more than \$250.00 per month in supplies whether received through either of the two programs or a combination of the two unless an extension has been granted. Extensions will be considered for recipients under age 21 in the Child Health Services (EPSDT) Program if documentation verifies medical necessity. The provider must request an extension of the established benefit limit.
- (2) Home health equipment is limited to specific items. Specific home health equipment is listed in Section III of the Prosthetics Provider Manual.

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DATE REC'D	<u>6-27-94</u>	
DATE APPV'D	<u>7-20-94</u>	
DATE EFF	<u>9-1-94</u>	
HCFA 179	<u>9-1-10</u>	

SUPERSEDES: TN - 9-1-94